

## KENTUCKY INCOME TAX RETURN **NONRESIDENT OR PART-YEAR RESIDENT**

☐ Check if Amended Return

		For calendar year or other taxable year beginning, 2001, and	l ending _	,;	2002 .	20	UI
		Name—Last, First, Middle Initial (Joint return, give both names and initials.)		Your Social Se	curity Nu	mber	
Haa	>		_	1	1		
Use Kentucky	ᅵᅵ		B.				
label if	Α	Mailing Address (Number and Street Including Apartment Number or P.O. Box)		Spouse's Social	Security N	Number	
correct.	В		A.		1		
Otherwise print or	E L	City Tours on Post Office	Λ.				
type.	l. I	City, Town or Post Office State ZIP Code		POLITICAL F	PARTY F	UND	
	<b>&gt;</b>		Designating \$2 will not change your refund				
_	1	□ Single	or tax due.				
FILING		☐ <i>Married</i> , filing joint return.		A. :	Spouse	B. You	ırself
STATUS		☐ <i>Married</i> , filing separate returns. Enter spouse's Social Security	Democ	ratic (*	1) 🗆	(4)	
(see		number above and full name here.	Republ	`	2) 🗆	` '	
instructions)			-		3)	(6)	
´ ———		MADEETE DAGE 2 OF THE FORM REFORE COMBLETIME LINES A THROUGH					
CREDITS		MPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING LINES 4 THROUGH	31.			ICIAL USE OF	
ř	4	Enter total tax credits claimed on page 2, line 35	➤		1	2 3 4	5
<u> </u>	5	Enter amount from page 2, line 59, Column A. This is your federal Adjusted	d Gross In	ncome	5		
<u> </u>		Enter amount from page 2, line 59, Column B. This is your Kentucky Adjust					
TAXABLE		Nonitemizers: Enter \$1,750. Skip lines 8(a) and 8(b) (do not prorate)			7		
INCOME	8	(a) Itemizers: Enter itemized deductions from Kentucky Schedule A,					
		Form 740-NP	8(a)		_		
		(b) Multiply line 8(a) by the percentage (%)					
		from page 2, line 60			_		T
		Subtract line 7 or line 8(b) from line 6. This is your <b>Taxable Income</b>					
TAX		Enter tax from Form 740-NP Tax Table			10		
		Multiply \$20 by number of tax credits claimed (from line 4).11	10				
		Multiply line 11 by the percentage (%) from page 2, line 60			_		
		Other tax credits (see instructions)			14		T
		Subtract lines 12 and 13 from line 10  Enter Low Income Credit from worksheet in the instructions					
		Subtract line 15 from line 14			-		
		Enter Child and Dependent Care Credit from worksheet in the instructions.					
		Subtract line 17 from line 16. This is your <b>Income Tax Liability</b>					
		Enter KENTUCKY USE TAX from worksheet in the instructions					
		Add lines 18 and 19. This is your <b>Total Tax Liability</b>			-		
		(a) Enter Kentucky income tax withheld as shown					
		on attached 2001 wage and tax statements	21(a)				
		(b) Enter 2001 Kentucky estimated tax payments					
	22	Add lines 21(a) and 21(b)			22		
	23	If line 22 is larger than line 20, enter AMOUNT OVERPAID (see instruction	ions) . <u></u>	<u></u>	23		
- See	24	Nature and Wildlife Fund Contribution					
instruc-		□ \$2 □ \$5 □ \$10 □ Other Enter amount checked	24				
tions for a	25	Child Victims' Trust Fund Contribution					
detailed description of funds.		□ \$2 □ \$4 □ Other Enter amount checked					
		Bluegrass State Games and U.S. Olympic Committee Fund Contribution					
		Veterans' Program Trust Fund Contribution			00		
		Add lines 24 through 27					-
	29	Amount of line 23 to be <b>CREDITED</b> to your 2002 ESTIMATED TAX			29		1
	20	Subtract lines 28 and 29 from line 23. Amount to be <b>REFUNDED TO YOU</b>	I	REFUND	30		
		If line 20 is larger than line 22, enter <b>AMOUNT YOU OWE</b> . Attach check f			30		
	ادا	payable to Kentucky State Treasurer. Write your Social Security number an					
		Tax—2001" on the check. Place on TOP of wage and tax statements			31		
		Check ☐ if Form 2210-K is attached (see instructions)			ĭ'		
	<u> </u>		-	Official			
				Use Only	P B	N C F	R

FORM 740-NP (2001) Page 2

## ➤ A copy of pages 1 and 2 of your federal income tax return and all supporting schedules must be attached to Kentucky Form 740-NP.

RESIDENCY	☐ Full-year nonresident. I did not live in Kentucky during the year. Enter state of res	idence as of Decembe	er 31, 2001	
STATUS	Part-year resident. Complete appropriate line(s) below.			
(check	Moved into Kentucky / / 01 . State moved from	·		
one box)	Moved out of Kentucky / / 01 . State moved to	·		
	☐ Full-year resident of a <b>reciprocal state</b> . Circle state of residence. ➤ IL IN	MI OH VA	WV WI	
CREDITS	32 (a) Credits for yourself: Regular Check both if 65 or over	neck both if blind En	ter number of	
OKEDITO		LII	xes checked 32	
	33 Names of dependent children: (a) (b) (c)	(d)	Total 33	
	34 Tax credits for other dependents		34	
	35 Add the total number of tax credits claimed on lines 32, 33 and 34 above		35	
INCOME		A. Total from Attached	B. Kentucky	
	36 Enter all wages, salaries, tips, etc. (attach wage and tax statements)	Federal Return	1	
	Do not include moving expense reimbursements			
	37 Moving expense reimbursement (attach Schedule ME)		+	
	38 Interest and dividends			
	39 Business income or (loss) (attach federal Schedule C or C-EZ)		<del>                                     </del>	
	40 Capital gain or (loss) (attach federal Schedule D)		<del>                                     </del>	
	41 Other gains or (losses) (attach federal Form 4797)		+	
	42 (a) Federally taxable IRA distributions, pensions and annuities			
	(b) Pension income exclusion (attach Schedule P if more than \$37,500) 42(b)			)
	43 Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E) 43			
	44 Farm income or (loss) (attach federal Schedule F)			
	45 Other Income (list type and amount)			
	46 Combine lines 36 through 45. This is your <b>Total Income</b>		<u> </u>	
ADJUST-	47 IRA deduction			
MENTS TO	48 Student loan interest deduction			
INCOME	49 Medical savings account deduction			
	50 Moving expenses (attach Schedule ME)		<del>                                     </del>	
	51 Deduction for one-half of self-employment tax			
	52 Self-employed health insurance deduction			
	53 Keogh retirement plan and self-employed SEP deduction			
	55 Alimony paid (recipient's name and Social Security number)			
	55 All flority paid (recipient's fiame and Social Security flumber)			
	56 Long-term care insurance premiums (see instructions)			
	57 Health insurance premiums (see instructions)			
	or reality medianes promising (each new action by			
	58 Add lines 47 through 57. Total adjustments to income			
	50. Subtract line 50 from line 46. This is your Adjusted Cross Income			
	59 Subtract line 58 from line 46. This is your <b>Adjusted Gross Income</b>			
	60 Divide line 59, Column B, by line 59, Column A. If amount is equal to or			
	greater than 100%, enter 100%. This is your <b>Percentage of Kentucky</b>		%	
	Adjusted Gross Income to Federal Adjusted Gross Income			
	the understaned, deciste under behalles of berillry that I have examined this return, ind	THOUGH ALL ACCOMMANA	THE SCHEMINES AND ST	IAIP-

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a joint return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

>	>	<b>─</b>	
Your Signature (If joint return, both must sign.)	Spouse's Signature	Telephone Number (daytime)	Date Signed
Typed or Printed Name of Preparer Other than Taxpayer	I.D. Number of	f Preparer	Date